



AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR POLICE OFFICER EXAMINATION #62051

CAREFULLY REVIEW THE EXAMINATION ANNOUNCEMENT FOR THE MINIMUM QUALIFICATIONS REQUIRED TO PARTICIPATE IN THIS EXAMINATION AND FOR APPOINTMENT TO THE POSITION OF POLICE OFFICER.

THERE IS A \$100 NON-REFUNDABLE APPLICATION PROCESSING FEE REQUIRED FOR THIS EXAMINATION. IF AN APPLICATION IS DISAPPROVED, THE APPLICATION PROCESSING FEE WILL NOT BE REFUNDED.

This application is part of your examination. Answer all questions fully and carefully in ink or by typewriter. Some questions can be answered with an "X" in the box which applies to you. Attach additional sheets if necessary in order to give complete and detailed information.

1. **RESIDENCY REQUIREMENT TO TAKE THE EXAMINATION:** Candidate must be a legal resident of Nassau County or one of the contiguous counties thereto (Suffolk, Queens, Kings, Bronx, Richmond, New York or Westchester) as of the date of the written examination (November 14, 2015) and for at least one (1) month prior thereto (October 14, 2015).

Last Name First MI

Legal Street Address (not a Post Office Box)

City County State Zip

Length of time at current residence

Home: (____)____-____ Mobile: (____)____-____

Business: (____)____-____

Email address: _____

2. Social Security Number: _____ - _____ - _____

3. Date of Birth: ____/____/____

4. Age on November 14, 2015 _____

5. EDUCATION/MILITARY SERVICE: Candidates must meet the following requirements prior to the date of examination (November 14, 2015): Graduation from high school or possession of a high school equivalency diploma and either:

- (a) Successful completion of thirty (30) credits at a regionally accredited or New York State registered college or university; or
- (b) Completion two (2) years of active military service with an honorable discharge; or
- (c) Possess an equivalent combination of (a) and (b).

a. Have you graduated from High School? Yes ☐ No ☐

Name of school: _____

Location: _____

b. Or, do you have a high school equivalency diploma? Yes ☐ No ☐

Issuing government authority: _____

Date of Issue: _____

c. Have you successfully completed thirty (30) credits at a regionally accredited or New York State registered college or university?

Yes ☐ No ☐

Name of college/university: _____

Location: _____

Number of Credits received: _____

If "No", are you enrolled at a regionally accredited or New York State registered college or university and will receive the required thirty (30) credits prior to date of the exam (November 14, 2015)?

Yes ☐ No ☐

d. If "No", have you completed of two (2) years of active military service with an honorable discharge?

Yes ☐ No ☐

6. Except for adjudications as youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of a misdemeanor or felony?

Yes ☐ No ☐

A Conviction is not an automatic bar to employment. Each case is considered on its individual merits. Background investigations may be conducted on all candidates considered for employment. A false statement may result in the disqualification of your application in accordance with the provisions of Section 50 of the Civil Service Law. You are advised, therefore, to list all such convictions for misdemeanors or felonies.

7. Except for lack of work or funds, were you ever dismissed or discharged from any employment?

Yes ☐ No ☐

If you answered "Yes" to either questions 6 or 7 above, you must give specifics below. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying:

8. Are you a citizen of the United States?

Yes ☐ No ☐

If you are not a citizen of the United States, do you have the legal right to accept employment in the United States?

Yes ☐ No ☐

U.S. Citizenship is required at the time of appointment. It is not necessary for admission to the examination.

9. Are you requesting special testing accommodation(s) for a disability?

Yes ☐ No ☐

Please submit your request(s) for special accommodations below. You must also provide medical documentation to support your request(s).

10. Candidates must possess a valid New York State Driver's license at time of examination and throughout employment (you must attach a copy).

Class: _____

Number: _____

Date of Expiration: _____

11. Have you ever been known by any other name?

Yes ☐ No ☐

If Yes, by what name? _____

12. Are you currently in default of any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation?

Yes ☐ No ☐

13. With the exception of the Federal Service, have you ever been employed by a Governmental Agency within New York State?

Yes ☐ No ☐

Length of Employment: from (mo./yr.) _____/_____/_____ to (mo./yr.) _____/_____/_____

Government Name: _____ Department: _____

Your Title(s): _____

CROSS FILERS: If you are filing for examinations with other civil service commissions on the same day, you must submit a completed Cross Filer Form with this application. The form can be found on www.longbeachny.org.

VETERANS CREDITS: A disabled or non-disabled veteran who wishes to establish eligibility for additional credits must complete this section of this application and submit photocopies of separation papers (i.e. Form DD-214, WDAGO, or NAVPERS-553) and a copy of the discharge with this application. According to Civil Service Law, additional credits in examinations are granted to successful candidates who have claimed and established status as disabled or non-disabled veterans. See "**Requirements for Special Rights for Veterans**" on our website for details regarding the use of these credits.

14. Have you ever served in the Armed Forces of the United States? Yes ☐ No ☐

If "Yes", complete questions 14 a – f below:

- a. Date of entry into active service: (Month/Day/Year) _____/_____/_____
- b. Date of discharge from active service: (Month/Day/Year) _____/_____/_____
- c. Service Serial Number: _____
- d. Have you ever received an honorable discharge from such forces?
Yes ☐ No ☐
- e. Have you previously used your Veteran credits for appointment in NYS or any of its civil divisions?
Yes ☐ No ☐
- f. Do you claim additional credits as a honorably discharged war veteran for this exam?
Yes ☐ No ☐

If "Yes", check one below:

- Disabled war veteran – 10 credits ☐
- Non-disabled war veteran – 5 credits ☐

ALTERNATE TEST DATE REQUEST: If you are requesting an alternate test date, a written request must be attached to this application describing the reason for such request. If you cannot take the test on the announced test date due to a conflict with a documented religious observance or practice we will make arrangements for you to take the test on a different date. Please check the appropriate box below. If requesting an alternate test date, please note: In accordance with Section 58 of the New York State Civil Service Law, eligibility to participate in this exam ends on an applicant's 35th birthday. We attempt to schedule all alternate test dates the week following the regular administration of this exam. If you turn 35 on or before the alternate test date, you will NOT be allowed to participate in this examination. Candidates who are 35 or over and served in the military may be able to deduct up to six (6) years of active duty to meet the age requirement. An alternate test date may only be requested for one of the following reasons: (please check the appropriate box). With the exception of reasons #1 and #2, requests must be made in writing with supporting documentation attached to the application no less than two (2) weeks prior to the examination date.

- ☐ 1. A death in the immediate family or the household in which the candidate resides within the week immediately preceding the announced written test date.*
- ☐ 2. Medical emergencies or health problem involving the candidate or member(s) of the immediate family, or household, if documented by the attending physician.*
- ☐ 3. Military Orders (a copy of orders is required and must be attached).
- ☐ 4. Religious Observance- For religious reasons you can not take a test at the scheduled time.
- ☐ 5. A conflict with a previously scheduled commitment to participate as a member of a ceremonial party, such as a wedding, baptism, bar mitzvah or graduation, or as a member of the immediate family or household of the individual for whom the ceremony is being held.
- ☐ 6. Vacation, or professional conference, for which a non-refundable down payment was made before the exam announcement was issued. Proof of purchase prior to test date announcement is required.
- ☐ 7. Required court appearances.
- ☐ 8. A conflict with a professional or educational examination.

*For reasons #1 and #2, a request must be made in writing as soon as possible subsequent to the event and supporting documentation must be provided.

THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED: By my signature below, I hereby authorize the City of Long Beach and/or its respective Departments, Offices or Agencies to request verbal records or written verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me whether said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records. I further release the City of Long Beach and/or its respective Departments, Offices or Agencies, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand the "Affirmation and Authorization for Release of Personal Information" and have acknowledged that a photocopy of this page of the Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read the medical/psychological review statement contained in the announcement and consent to such review and testing if applicable.

Signature: _____ **Date:** _____

Print Name: _____

I acknowledge that I have received and read the City of Long Beach Employee Policy Manual, containing the City's Equal Employment Opportunity Policy, Family & Medical Leave Act ("FMLA") Policy, Drug-Free Workplace Policy, and Workplace Violence Prevention Act ("WVPA") Policy.

Signature: _____ **Date:** _____

Print Name: _____

19. Declaration:

I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

Signature: _____ **Date:** _____

Print Name: _____

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, marital status, or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sex, disability, marital status or criminal record in connection with employment with the City of Long Beach.